		Type: Policy	Document reference: 1811	Manual Classification: Administration and Clinical	
Title: Suicidal or deliberate self-harm thoughts or behaviour, management of patients			Effective date: 01 August 2015		
Facilitator <small>sign/date</small>	Sponsor authorised <small>sign/date</small>	Process authorised <small>sign/date</small>		Version: 06	Page: 1 of 8
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1. Preamble:

This policy sets Waikato District Health Boards (DHB) standard for the appropriate management of patients who have suicidal or deliberate self-harm thoughts or behaviours.

Suicidal or deliberate self-harm (DSH) may result from a wide range of causes, not necessarily mental illness. It is acknowledged that, in general, people who have attempted suicide or deliberate self-harm have done so as a result of psychological distress.

This policy assumes that staff members involved in the assessment of the people who have attempted suicide or engaged in DSH have the required knowledge and competencies to deal with this condition.

This policy relates to any Waikato DHB clinical and administrative settings (excluding the Mental Health & Addictions Service (MHAS) which have other supporting policies and procedures in place)

2. Policy


The Waikato DHB policy for management of patients who have suicidal or deliberate self harm thoughts or behaviour is that:

- **All patients who have suicidal or self-harm thoughts or behaviour must have a physical and mental health assessment completed at the earliest opportunity.**
- **All patients who have suicidal or self-harm thoughts or behaviour must be cared for in a way that minimises the risk to the patient / client.**

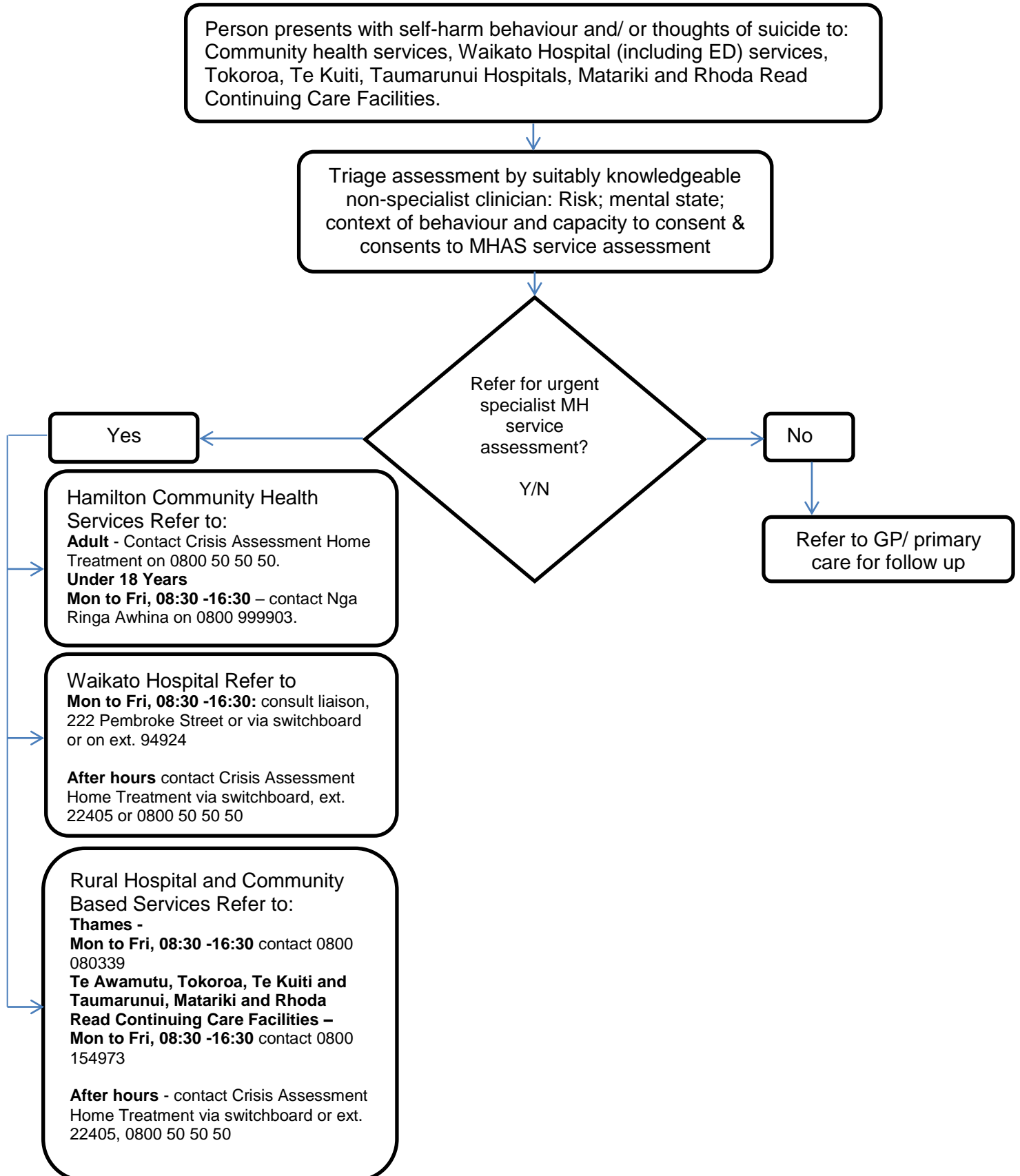
3. Authorisation


As signed above on behalf of the Chief Executive.

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Flowchart for referrals to mental health services for people presenting to Waikato DHB secondary and tertiary services general health services with self-harm behaviour and/ or thoughts of suicide



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Appendix A

1. Standards

- It is expected all staff will respond in a timely and professional manner to any people presenting with an attempted suicide attempt or engaged in DSH.
- Staff members are required to conduct a comprehensive assessment and must include a physical examination and other physical investigations deemed necessary.
- Staff members who conduct a culturally appropriate assessment of people with suicidal or DSH behaviours must be familiar with, and be guided by New Zealand Ministry of Health's Best Practice Evidence-Based Guideline: The Assessment and Management of People at Risk of Suicide.
(http://www.health.govt.nz/system/files/documents/publications/suicide_guideline.pdf)
- Consult Liaison/ CAHT and ED staff undertaking assessments have access to Te Puna Oranga (Māori Health Service) Kaitiaki (General Hospital) and Kaitakawaenga (Mental Health) to assist with culturally appropriate interviews and assessments.
- The assessment must include an analysis of immediate risk and treatment plans tailored according to estimated future risk.
- When staff are uncertain about the safety risk of the patient while waiting further psychiatric assessment (e.g. admitted to a medical or surgical ward for medical observations), constant observation of the patient may be necessary.
- Where expert opinion is required staff members must refer to Mental Health & Addiction Services (MH&AS) for assistance and further management. MH&AS must be involved with the assessment when staff members request a Mental Health Act (MHA) assessment, admission to the Henry Rongomau Bennett Centre (HRBC) or support and observation in the medical / surgical setting.
- Staff may use either the referral form [R1050HWF (W19)] or the electronic referral for Consultation-Liaison Psychiatry

1.1. Role of Mental Health and Addictions Service

- The role of Mental Health and Addictions Service is to provide the professional assessment of any patient who presents to Health Waikato facilities requiring treatment for suicidal or deliberate self-harm thoughts or behaviour.
- Mental Health and Addictions Service can provide advisory information in relation to:
 - Specialist assessment of the risk for further suicidal and deliberate self-harm thoughts or behaviour
 - Where and how to admit (if necessary)
 - Implementation of the Mental Health (Compulsory Assessment and Treatment) Act 1992.
 - Strategies to assist staff in the clinical management of the patient, including observation levels / patient watching.
 - Treatment options during admission or post discharge.
 - All services within the Waikato DHB can access mental health and addiction expertise, 24 hours a day, seven days of the week.

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Waikato Hospital: ED, In-patient services (0800-1600 hours)

- Consult-Liaison (CL) Psychiatric Service
- Monday to Friday 0800-1600 hours.
- Phone: 94924
- Fax: 94926

After Hours (1600-2330 hours)

- Crisis Assessment and Home Treatment (CAHT) Team
- Phone 0800 50 50 50 or contact via switchboard

After Hours (2330-0800hours)

- contact the Duty Co-ordinator
- Henry Rongomau Bennett Centre
Pager 20097

Waikato Hospital: Outpatient clinics and peripheral satellite services (0800-1600 hours)

- Crisis Assessment and Home Treatment (CAHT) Team
- Phone 0800 50 50 50 or contact via switchboard

After Hours (1600-2330 hours)

- Crisis Assessment and Home Treatment (CAHT) Team
- Phone 0800 50 50 50 or contact via switchboard

Community Hospitals, Matariki & Rhoda Read

- Work hours - Monday to Friday 0830-1700 hours.
- Contact the local Rural Mental Health and Addictions Service

After hours (1700-0830 hours)


- Crisis Assessment and Home Treatment (CAHT) Team after hours
- Contact details as above

Te Puna Oranga (Māori Health Service)


- Kaitiaki and Kaitakawaenga Frontline contact numbers:
- 23508 (Waikato DHB) , 25101 (Taumarunui), 25229 (Thames)

2. Responsibilities of staff when a patient with suicidal or self-harm thoughts or behaviour wants to be discharged or decline treatment


- Staff at point of clinical contact should seek advice regarding any situations falling outside the ones listed below in Appendix A, 2.1 – 2.4, from the operations / duty manager / site coordinator or legal advisor.
- Decisions and clinical rationale must be documented in the clinical record including the application for assessment and treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992 if required.

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- 2.1. Patients who have not been assessed by Mental Health and Addictions Service but are declining life saving treatment**
- This is considered an emergency situation and treatment that will preserve the life of the patient can be provided without consent as per the Waikato DHB Informed Consent policy.
 - The responsibility for the decision to treat in this circumstance rests with the multi-disciplinary team who has recourse to common law and consultation with the legal advisor if necessary.
- 2.2. Patients under the Mental Health (Compulsory Treatment and Assessment Act) 1992**
- A patient being treated in the general hospital setting, and who is being compulsorily detained for assessment and treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992, is not free to leave or decline treatment for their mental health condition.
Note: Patients can not be treated compulsorily for a physical condition under the Mental Health (Compulsory Assessment and Treatment) Act 1992; informed consent must be obtained or in the case of a medical emergency common law may be invoked.
 - If the patient attempts to discharge themselves, it is appropriate to take all reasonable measures that do not place staff or other patients / visitors at risk, to prevent them from leaving.
 - If the patient is noted to be missing or is unable to be prevented from leaving, staff should notify security, the police and the Mental Health and Addictions Service.
 - If the patient has left the hospital grounds the matter must be referred to the police to locate the patient.
 - The above scenarios should be documented using the incident reporting process.
- 2.3. Voluntary patients who may be considered to be at further risk to themselves**
- These patients may fall into two categories:
 - a. Patient who has not yet been assessed by Mental Health and Addiction Services or
 - b. Patient who has been assessed by Mental Health and Addictions Service and is deemed not appropriate for compulsory assessment and treatment under the Mental Health (Compulsory Assessment and Treatment) Act 1992.
 - A registered nurse may detain the patient to be reviewed by any medical practitioner for up to six hours by invoking Section 111 of the Mental Health (Compulsory Assessment and Treatment) Act 1992. They should advise the patient they are invoking this section and that the patient has the right to seek legal counsel.
NB: The registered nurse should then immediately contact Mental Health and Addictions Service for assistance and complete the Section 111 form available from Mental Health and Addictions Service.
 - Any medical practitioner can invoke Section 110 of the Mental Health (Compulsory Assessment and Treatment) Act 1992 to detain a patient in this circumstance.
 - Compulsory assessment occurs by completing Sections 8(a) and 8(b) of the Mental Health (Compulsory Assessment and Treatment) Act 1992. Mental Health and Addictions Service must be contacted immediately for assistance.

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- 2.4. Voluntary patient identified as not being a further risk to themselves**
- If no evidence of further risk to self is identified then the patient has all reasonable rights to decline treatment and/or discharge themselves against medical advice.
 - Waikato DHB's Admission Discharge and Transfer policy in relation to patient self-discharge must be followed.

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Appendix B

1. Definitions

Deliberate self-harm The act of attempting to deliberately harm oneself with or without the intent to die as a result of that action e.g. sub-lethal overdose, superficial lacerations.

Patient Refers to patient / client / consumer / tangata whaiora / service user.


Suicidal behaviour The act of attempting to deliberately harm oneself with the intent to die as a result of that action e.g. potentially lethal overdose, attempted hanging.

2. Legislative / External Requirements

- New Zealand Bill of Rights Act 1990
- Code of Health and Disability Services Consumers' Rights 1996
- Crimes Act 1961
- Mental Health (Compulsory Assessment & Treatment) Act 1992 and Amendment Act 1999
- Criminal Procedures (Mentally Impaired Persons) Act 2003
- Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003
- Privacy Act 1993
- Health Act 1956
- Health and Disability Services (Safety) Act 2001

3. Associated Documents

- Waikato DHB Admission, Discharge, and Transfer policy, 1848
- Waikato DHB Advance Directives procedure, 2181
- Waikato DHB Client Pathways for Self-Harm/Suicide
- Waikato DHB Clinical Records Management policy, 0182
- Waikato DHB Critical Incident Management for staff policy, 0175
- Waikato DHB Employee Assistance Programme policy, 0286
- Waikato DHB Incident Management policy, 0104
- Waikato DHB Informed Consent policy, 1969
- Waikato DHB Initial Risk Assessment in Deliberate Self Harm form, A1360HWF
- Waikato DHB Interpreters policy, 0137
- Waikato DHB Patient Watch form, A1138WHF
- Waikato DHB Watching of patients at risk of being harmed or harming others policy, 2188
- Waikato DHB Reference form, R1050HWF (W.19)
- Waikato DHB Restraint policy, 2162 and use of restraint procedures 1860, 1865, 2153, 2154, 2155, 2156, 2157, 2158, 2160
- Waikato DHB Risk Management policy, 0118
- Waikato DHB Security policy, 0120
- Waikato DHB Tikanga Best Practice guidelines, 2118
- Waikato DHB Visitors to Patients policy, 0125

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4. References

- The Assessment and Management of People at Risk of Suicide Best Practice Evidence-based Guideline Ministry of Health May 2003
- Health and Disability Commissions information pamphlet on Advanced Directives